

MEDICAL RECORD

Progress Notes

NOTE DATED: 09/05/2013 12:10

LOCAL TITLE: MEDICATION RECONCILIATION NOTE

STANDARD TITLE: PHARMACY NOTE

VISIT: 09/05/2013 13:30 ABQ RENAL CAPD MD/6TH FLR

***** PATIENT COPY - CONFIDENTIAL INFORMATION *****

PRE-RECONCILIATION MEDICATION LIST.

PRIMARY CARE PROVIDER: SWOBODA, JAYE T

INSTRUCTION TO PATIENT. Please review the following list of active medications and be prepared to discuss any changes and/or discrepancies to this list during today's visit. We would also like to know about any medications you are taking that have been prescribed by non-VA providers as well as any over-the-counter medications, vitamins, herbals, etc. you are taking on a regular basis. Please add them to this form below.

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status Refills	Last Fill Expiration
1) ACCU-CHEK AVIVA PLUS TEST STRIP Qty: 100 for 30 days Sig: USE 1 STRIP THREE TIMES A DAY TO CHECK BLOOD GLUCOSE	ACTIVE Refills: 9	Last:08-13-13 Expr:05-01-14
2) ASPIRIN 81MG CHEW TAB Qty: 108 for 90 days Sig: CHEW ONE TABLET BY MOUTH EVERY DAY WITH FOOD OR MILK	ACTIVE Refills: 2	Last:07-19-13 Expr:04-06-14
3) BISACODYL 5MG TAB Qty: 30 for 30 days Sig: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR CONSTIPATION.	ACTIVE Refills: 6	Last:08-08-13 Expr:08-09-14
4) CALCITRIOL 0.25MCG CAP Qty: 12 for 30 days Sig: TAKE ONE CAPSULE BY MOUTH THREE TIMES PER WEEK (MONDAY, WEDNESDAY AND FRIDAY)	ACTIVE Refills: 11	Last:09-01-13 Expr:08-09-14
5) CALCIUM ACETATE 667MG (CA 169MG) CAP Qty: 90 for 30 days Sig: TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY W/ MEALS FOR HIGH PHOSPHATE LEVELS	ACTIVE Refills: 4	Last:08-12-13 Expr:05-17-14
6) CLOTRIMAZOLE 1% CR (30GM) Qty: 30 for 30 days Sig: APPLY THIN LAYER TO AFFECTED AREA DAILY FOR FUNGAL INFECTION	ACTIVE Refills: 5	Last:10-23-12 Expr:10-24-13
7) DIAZEPAM 5MG TAB Qty: 60 for 30 days Sig: TAKE TWO TABLETS BY MOUTH DAILY AS NEEDED FOR ANXIETY	ACTIVE Refills: 1	Last:08-03-13 Expr:10-06-13
8) DUCOSATE NA 250MG CAP Qty: 200 for 90 days Sig: TAKE ONE CAPSULE BY MOUTH TWICE A DAY FOR CONSTIPATION.	ACTIVE Refills: 2	Last:01-05-13 Expr:10-18-13
9) DUCOSATE NA 50MG/SENNOSIDES 8.6MG TAB Qty: 100 for 90 days Sig: TAKE 1	ACTIVE Refills: 2	Last:06-19-13

** THIS NOTE CONTINUED ON NEXT PAGE **

TRUJILLO, JOHN EDWARD
440-44-1744 DOB:05/28/1945VAMC ALBUQUERQUE
Pt Loc: OUTPATIENTPrinted:09/05/2013 12:11
Vice SF 509

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MEDICAL RECORD

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	TABLET BY MOUTH DAILY AS NEEDED FOR CONSTIPATION.		Expr:10-24-13
10)	ETHACRYNIC ACID 25MG TAB Qty: 60 for 30 days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY	ACTIVE Refills: 6	Last:08-19-13 Expr:03-08-14
11)	GENTAMICIN 0.1% TOP CRM 15GM Qty: 15 for 30 days Sig: APPLY THIN LAYER TO AFFECTED AREA DAILY FOR INFECTION. APPLY TO PD SITE AS INSTRUCTED BY PD NURSE TO PREVENT INFECTION	ACTIVE Refills: 11	Last:07-17-13 Expr:07-16-14
12)	INSULIN NOVOLIN 70/30 INJ 100 UNIT/ML VI Qty: 2 for 30 days Sig: INJECT 20 UNITS SUBCUTANEOUSLY WITH BREAKFAST AND INJECT 15 UNITS SUBCUTANEOUSLY WITH DINNER FOR DIABETES	ACTIVE Refills: 1	Last:08-24-13 Expr:10-24-13
13)	INSULIN SYRINGE 1ML 31G 5/16 IN Qty: 100 for 50 days Sig: USE SYRINGE SUBCUTANEOUSLY TWICE A DAY FOR INSULIN INJECTION	ACTIVE Refills: 2	Last:07-19-13 Expr:10-24-13
14)	LOSARTAN 100MG TAB Qty: 90 for 90 days Sig: TAKE ONE TABLET BY MOUTH EVERY MORNING	ACTIVE Refills: 2	Last:08-03-13 Expr:12-01-13
15)	METOPROLOL 100MG TAB Qty: 180 for 90 days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY . REPLACES METOPROLOL 50MG	ACTIVE Refills: 3	Last:06-07-13 Expr:04-06-14
16)	PREDNISONE 5MG TAB Qty: 38 for 9 days Sig: TAKE TEN TABLETS BY MOUTH EVERY MORNING FOR 2 DAYS, THEN TAKE FIVE TABLETS EVERY MORNING FOR 2 DAYS, THEN TAKE TWO TABLETS EVERY MORNING FOR 3 DAYS, THEN TAKE ONE TABLET EVERY MORNING FOR 2 DAYS	ACTIVE Refills: 1	Last:05-18-13 Expr:04-06-14
17)	RENAL MULTIVITAMIN ORAL CAP Qty: 90 for 90 days Sig: TAKE 1 CAPSULE BY MOUTH DAILY	ACTIVE Refills: 3	Last:08-08-13 Expr:08-09-14
18)	SIMVASTATIN 80MG TAB Qty: 45 for 90 days Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY NIGHT FOR CHOLESTEROL	ACTIVE Refills: 2	Last:08-03-13 Expr:04-06-14
19)	TERAZOSIN HCL 2MG CAP Qty: 270 for 90 days Sig: TAKE THREE CAPSULES BY MOUTH AT BEDTIME FOR PROSTATE	ACTIVE Refills: 3	Last:08-08-13 Expr:08-09-14
20)	TRIAMCINOLONE 0.025% CREAM (15GM) Qty: 45 for 90 days Sig: APPLY THIN LAYER TO AFFECTED AREA TWICE A DAY FOR INFLAMMATION	ACTIVE Refills: 3	Last:10-23-12 Expr:10-24-13

No Active Remote Medications for this patient

NAME: _____ DOSE: _____ How many times per day: _____
 NAME: _____ DOSE: _____ How many times per day: _____

** THIS NOTE CONTINUED ON NEXT PAGE **

TRUJILLO, JOHN EDWARD
 440-44-1744 DOB:05/28/1945

VAMC ALBUQUERQUE
 Pt Loc: OUTPATIENT

Printed:09/05/2013 12:11
 Vice SF 509

John Trujillo -- List of Medicines

#1744

1 daily	Aspirin 81mg
2 daily	Ethacrynic Acid 25 mg
Daily	Novolog aspart 100 unit
Daily	Lantus glargine 100 unit
Daily	Insulin syringes 1 ml 31G 5/16 inch RX#9265904
Daily	ACCU-CHEK Aviva test strips
1 daily	Losartan 100mg
2 daily	Metoprolol 100mg
1 daily	Renal multivitamin
½ daily	Simvastatin 80mg
3 daily	Terazosin HCL 2 mg
With meals	Calcium Acetate 667 mg
M/W/F	Calcitriol 0.25 mg
Daily	Gentamicin 0.1% 15 gm for port site
Daily	Allopurinol 100mg
AS NEEDED:	Clotrimazole 1% cream 30gm
	Triamcinolone 0.025% cream (15gm)
	Flunisolide .025% 200D nasal inhalant spray
	Diazepam 5mg
	Docusate NA 250 mg/Sennosides 8.6 mg
	Glucose tabs 4 gm
	Prednisone 5mg

= need
refills